REMARKS

The only issue outstanding in the Office Action mailed January 11, 2008, is solely the rejection under 35 U.S.C. 112 of claims 21, 24-26 and 30. The Examiner is thanked for indicating that the majority of issues have been overcome, and that claims 1-19 are allowable. Reconsideration of the remaining rejection, in view of the following discussion, is respectfully requested.

At the outset, it is noted that two new dependent claims have been added, directed to the two methods indicated to be enabled at page 12, the first paragraph of the Office Action. It is submitted that, accordingly, claim 31, directed to a method of inhibiting proliferation of T-cells, and claim 32, directed to inhibition of cytokine production in human peripheral blood monocytes, are clearly allowable.

With respect to the remainder of the claims, Applicants maintain their previous arguments, specifically, that the claims are fully enabled by the specification. It is again submitted that the bulk of the discussion in the present and previous Office Actions, the existence of undue experimentation, is not reached until and unless the Office Action provides sufficient "reasons or evidence" to doubt Applicants' assertion of utility in the specification. It is again maintained that the allegation of undue experimentation, in and of itself, does not constitute reasons or evidence as required by relevant legal precedent. Again, see *In re Marzocchi*, 439 F.2d 220, 169 USPQ 367 (CCPA 1971).

To the extent that the discussion of undue experimentation is intended to provide reasons or evidence why the statement of objective enablement in the specification would be doubted, it is apparent that such reasons or evidence are intended to be the existence of various side effects and/or the absence of an *absolute* assurance that the recited disease could be treated by inhibition of PDE IV isozyme. However, on the one hand, it is submitted that the PTO oversteps its bounds, in apparently requiring such absolute assurance. The PTO is not the FDA, see *In re Anthony*, 414 F.2d 1383, 162 USPQ 594 (CCPA 1969).

Finally, it is submitted that, even if the discussion in the Office Action were to provide reasons or evidence to doubt the objective enablement, the well known utility of PDE IV inhibitors to treat the indications recited in the claims would counter such reasons or evidence. As additional evidence of enablement, attention is directed to the attached five references:

1. EP 731, 099 B1 from which page 10 (provided) discusses the use of phosphodiesterase IV inhibitors for treatment and prevention of acute and

chronic inflammation and auto-immune diseases including emphysema, alveolitis, shock lung, all kinds of asthma, COPD, ARDS, bronchitis, arteriosclerosis, arthrosis, inflammations of the gastro-intestinal tract, rheumatoide arthritis myocarditis, sepsis and septic shock, arthritis, rheumatoid spondylitis and osteoarthritis, gram negative sepsis, toxic shock syndrome, acute respiratory distress syndrome, bone resorption diseases, reperfusion injury, graft vs host reaction, allograft rejection malaria, myalgias, HIV, AIDS, cachexia, Chronh's disease, ulcerative colitis, pyresis, system lupus erythematosus, multiple sclerosis, type I diabetes mellitus, psoriasis, Bechet's disease, anaphylactoid purpura nephritis, chronic glomerulonephtritis, inflammatory bowel disease and leukemia.

2. Yamaki et al., J.Pharm.and Pharm. (56 : 7, page 877-882) (abstract provided) disclosing that administration of rolipram, a PDE IV inhibitor, resulted in the supression of arthritis in mice, and indicating that rolipram is effective in regulating rheumatoid arthritis ;
3. An overview from the "Comparative Toxigenomics Database" indicating that rolipram has utility in the treatment of asthma, neoplasm, squamous cell carcinoma, cardiovascular diseases, cystic fibrosis, diabetes, gastrointestinal diseases, and more;
4. Xu et al., Investigative Ophth. (April, 1999, 40 (5)), teaching that rolipram inhibits uveitogenic T-cells and thus is useful to treat autoimmune diseases ; and
5. Abbas et al., autoimmunity 2000 (32, 2, page 93-99) (abstract provided) teaching that rolipram, which has anti-inflammatory effects, is able to "markedly downregulate antigen-driven T-cell proliferation" thus enabling treatment of a number of autoimmune diseases.

It is thus submitted to be amply clear that PDE IV inhibitors have art recognized utility as a class, and clearly, and that ample evidence of enablement of the present compounds has been provided.

Accordingly, withdrawal of the rejection under 35 U.S.C. 112 is respectfully requested.

The claims of the application are submitted to be in condition for allowance.

However, if the Examiner has any questions or comments, she is cordially invited to telephone the undersigned at the number below.

The Commissioner is hereby authorized to charge any fees associated with this response or credit any overpayment to Deposit Account No. 13-3402.

Respectfully submitted,

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